Client#: 2479

ANDEENGI

ACORD...

POLICY X PRO-

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT KATHY MARTINEZ					
UT-COMMERCIAL LINES	PHONE (A/C, No, Ext): 801 537-7467 FAX (A/C, No): 80	15377468				
COBB STRECKER DUNPHY & ZIMMERMANN 5 TRIAD CENTER SUITE 340	E-MAIL ADDRESS: KMARTINEZ@CSDZ.COM					
SALT LAKE CITY, UT 84180	INSURER(S) AFFORDING COVERAGE	NAIC #				
SALI LAKE CITY, UT 84180	INSURER A: COLONY INSURANCE COMPANY	39993				
INSURED ANDERSON ENGINEERING OO ING	INSURER B : CINCINNATI INSURANCE COMPANY					
ANDERSON ENGINEERING CO., INC. 977 WEST 2100 SOUTH, SUITE 100	INSURER C:					
SALT LAKE CITY, UT 84119	INSURER D:					
SALI LAKE CITT, OT 04119	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER					

CU	VERAGES CEF	TIFICATE	NUMBER:			REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REBERTIFICATE MAY BE ISSUED OR MAY I	QUIREMENT PERTAIN, T	T, TERM OR CONDITION OF AN' THE INSURANCE AFFORDED BY	Y CONTRACT O THE POLICIES	THE INSURED R OTHER DO DESCRIBED	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH			EN REDUCED	BY PAID CLA	MS.	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY		EPK300633	03/08/2014	03/08/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one persoπ)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000

03/08/2014 03/08/2015 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY В ENP0130026 s1,000,000 ANY AUTO BODILY !NJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE X X \$ HIBED AUTOS \$ Α UMBRELLA LIAB X X OCCUR EXC300634 03/08/2014 03/08/2015 EACH OCCURRENCE \$4,000,000 **EXCESS LIAB** CLAIMS-MADE \$4,000,000 AGGREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS OTH FR AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ANY & ALL WORK PERFORMED BY THE INSURED. BP REMEDIATION MANAGEMENT IS ADDITIONAL INSURED ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY. WAIVER OF SUBROGATION ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY APPLIES IN FAVOR OF BP REMEDIATION MANAGEMENT. UMBRELLA COVERAGE IS FOLLOW FORM OF THE UNDERLYING COVERAGE.

CERTIFICATE HOLDER	CANCELLATION
BP REMEDIATION MANAGEMENT C/O PICS PO BOX 51387	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
IRVINE, CA 92619	AUTHORIZED REPRESENTATIVE
	Cark Orta
	CARROLINA AND COMPONENTS AND

PRODUCTS - COMP/OP AGG | \$2,000,000

Client#: 2479

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CERTIFICATE OF LIABILITY INSURANCE

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_	ertificate holder in lieu of such endo	rseme	nt(s).	140150	ment. A Stati	entent on un	s cermicate does not co	mer riç	ints to the	
PRODUCER					CONTACT KATHY MARTINEZ						
UT-COMMERCIAL LINES COBB STRECKER DUNPHY & ZIMMERMANN					PHONE (A/C, No, Ext): 801 537-7467 (A/C, No): 801 537-7468						
	RIAD CENTER SUITE 340	MEKM	ANI	V	E-MAI ADDR	L _{SS:} KMAR1	INEZ@CSI	DZ.COM			
								FFORDING COVERAGE		NAIC#	
SALT LAKE CITY, UT 84180					INSUR	39993					
INS	RED ANDERSON ENGINEERI	אוכי כינ	.	VIC.	INSURER B :						
	977 WEST 2100 SOUTH,				INSUR	ERC:					
	SALT LAKE CITY, UT 84		. 101	•	INSUR	ERD:					
					INSURER E :						
느	WED A OF O				INSUR	ERF:					
				NUMBER:				REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUC	PERTA H POLI	EMEN IN, CIES	IT, TERM OR CONDITION OI THE INSURANCE AFFORDEI I. LIMITS SHOWN MAY HAV	F ANY	CONTRACT C THE POLICIES IN REDUCED	R OTHER DO DESCRIBED BY PAID CLA	CUMENT WITH RESPECT	TO ME	IICU TUIC	
INSF LTR		ADDL INSR	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY							EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
		-						PERSONAL & ADV INJURY	\$		
		-						GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC	-						COMBINED SINGLE LIMIT	\$		
								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED AUTOS					,		PROPERTY DAMAGE	\$		
	AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR	+ +		<u> </u>					\$		
	EXCESS LIAB CLAIMS-MADI	_				!		EACH OCCURRENCE	\$		
	DED RETENTION\$	1						AGGREGATE	\$		
	WORKERS COMPENSATION	1 1	_					WC STATU- OTH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	1 1						TORY LIMITS ER	\$		
	(Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		·	
Α	CONTR. POLLUTION			EPK300633		03/08/2014	03/08/2015	\$1,000,000 OCC/AG			
Α	EXCESS POLL LIAB.			EXC300634				\$4,000,000 OCC/AG			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ANY & ALL WORK PERFORMED BY THE INSURED. BP REMEDIATION MANAGEMENT IS ADDITIONAL INSURED ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO POLLUTION LIABILITY. WAIVER OF SUBROGATION ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO POLLUTION LIABILITY APPLIES IN FAVOR OF BP REMEDIATION MANAGEMENT.											
										:	
				***************************************	-						
CER	TIFICATE HOLDER				CANC	ELLATION					
BP REMEDIATION MANAGEMENT C/O PICS PO BOX 51387					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	IRVINE, CA 92619	_			CAJ	RIZED REPRESE	TATIVE				
					U	7 01	000 2010 40	OPD COPPORATION A	II!1-4		

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CONTACT KATHY MARTINEZ

UT-COMMERCIAL LINES				PHONE (A/C, No, Ext): 801 537-7467 FAX (A/C, No): 8015377468					
1	BB STRECKER DUNPHY & ZIMME	HMANN	N E	-MAIL ADDRESS: KMART	INEZ@CSD	Z.COM			
5 TRIAD CENTER SUITE 340 SALT LAKE CITY, UT 84180				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: COLONY INSURANCE COMPANY 39993					
INSURED				NSURER B :					
1	ANDERSON ENGINEERING	1 1	NSURER C :						
	977 WEST 2100 SOUTH, SU	INSURER D:							
	SALT LAKE CITY, UT 8411	9	1	NSURER E :					
			I	NSURER F :					
CO			NUMBER:			REVISION NUMBER:			
IIV	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	DUIREMEN ERTAIN, T POLICIES	IT, TERM OR CONDITION OF THE INSURANCE AFFORDED . LIMITS SHOWN MAY HAVE	ANY CONTRACT OF BY THE POLICIES BEEN REDUCED I	r other do: Described I By Paid Clai	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY					EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC						\$		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	+		
	HIRED AUTOS NON-OWNED AUTOS					(Per accident)	\$		
							\$		
Α	X UMBRELLA LIAB X OCCUR		EXC300634	03/08/2014	03/08/2015	EACH OCCURRENCE	\$4,00		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,00	0,000	
	DED RETENTION \$					WC STATU- OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					TORY LIMITS ER	-		
	I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory In NH) If yes, describe under				,	E.L. DISEASE - EA EMPLOYER			
<u> </u>	DÉSCRIPTION OF OPERATIONS below		FDICOCOCO	00/00/0044	00/00/0045	E.L. DISEASE - POLICY LIMIT	•		
A	PROFESSIONAL		EPK300633	03/08/2014	03/06/2013	5 \$1,000,000 PER CLAIM \$2,000,000 AGGREGATE			
	LIABILITY					\$2,000,000 AGGHE \$25,000 DEDUCTIB			
DEC	CLAIMS MADE CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EQ /Attach	ACORD 101 Additional Democies St	chedule if more space	is required)	Ψ20,000 DEDOC11D			
	IDENCE OF INSURANCE.	LES (AUBON	ACCAP IVI, AUGIDINI DEININKS S	oneduie, ii more space i	io requireu)				
1									
	OTICICATE HOLDED			CANCELLATION					
<u>uel</u>	RTIFICATE HOLDER			ANVELLA HUN		····			
	BP REMEDIATION MANA	CEMEN	-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	C/O PICS	GEWEIN		THE EXPIRATION	N DATE THE	REOF, NOTICE WILL !	BE DELI	VERED IN	
	C/O PICS PO BOX 51387			ACCOUNTAINCE W	IIIC FO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	IRVINE, CA 92619		<u> </u>	UTHORIZED REPRESE	NTATIVE				
	1111HL, OA 92019								
	I			Carl Ort	4				
				© 1	1988-2010 AC	ORD CORPORATION.	All righ	ts reserved.	